

## Swap-Meet Organizer Health Permit Application

(Please complete all sides of the Application, Page 1-4)

<b>**internal use only</b>	<b>Facility ID #:</b> _____	<b>Date:</b> _____
<b>LOCATION INFORMATION</b>		
Name of Swap Meet: _____		
Location/Address: _____ City: _____ Zip: _____		
Days of operation: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Hours of operation: _____		
<b>ORGANIZER INFORMATION</b>		
Name of Organizer ( <i>print</i> ): _____		
Name of Main Contact: _____		Main Contact Phone: _____
Business Address: _____		City: _____ ST: _____ Zip: _____
Mailing Address: _____		City: _____ ST: _____ Zip: _____
Home/Cell Phone: (    ) _____		Fax Phone: (    ) _____
E-mail: _____		
<b>TOTAL NUMBER OF FOOD VENDORS (BY PERMIT CATEGORY)</b>		
MEV High Risk _____		Mobile Food Facility _____
MEV Low Risk _____		

I hereby accept responsibility as coordinator or authorized representative of the above mentioned swap meet. I will comply with all state and local laws and will ensure compliance by all food vendors operating at the swap meet identified above. I confirm that the location of this swap meet meets all land use, water supply, water disposal, restroom and parking and that approval has been obtained from all pertinent agencies.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### OFFICIAL USE ONLY

EVD RECEIPT#:	AMOUNT PAID:	DATE PAID:	ACCOUNT #:
<input type="checkbox"/> NEW FACILITY	<input type="checkbox"/> CHANGE OF OWNERSHIP	ANNIVERSARY DATE (date of ownership change/opening date): _____	
FACILITY ID #:	CT:	SPECIALIST: _____	
PREVIOUS NAME OF FACILITY/BUSINESS: _____			
PREVIOUS OWNER'S NAME:	OW #:	OLD AR #: _____	
PROGRAM RECORD #:	VEHICLE LIC. #:	DECAL #: _____	
RESTRICTIONS/COMMENTS: _____			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	BY: _____	DATE: _____



**Swap-Meet Organizer Health Permit Application  
Requirements On-site**

**Potable Water Supply Faucets**

Are there potable water supply faucets available on site for food vendor use:

YES Total number of potable water supply faucets onsite (identify on site plan): \_\_\_\_\_

NO Explain: \_\_\_\_\_

**Wastewater Disposal Facilities**

Is there a wastewater disposal facility available on site for food vendor use:

YES Type of disposal method (e.g. bladder tank or sewer connection): \_\_\_\_\_

NO Explain: \_\_\_\_\_

**Refuse Containers and Disposal**

Are refuse containers provided on site for food vendor or consumer use (identify on site plan):

YES  NO Explain: \_\_\_\_\_

Is there a central refuse collection site (identify on site plan):

YES  NO Explain: \_\_\_\_\_

Party responsible for refuse disposal:  Organizer  Vendor

Frequency of refuse disposal: \_\_\_\_\_

**Toilet Facilities**

**A minimum of one toilet for every 15 food handlers is required and must be provided with handwashing stations with hot and cold water and attached single use soap & towels dispensers.**

Number of toilets available on site: FIXED \_\_\_\_\_ PORTABLE \_\_\_\_\_

Number of handwashing stations: FIXED \_\_\_\_\_ PORTABLE \_\_\_\_\_

**Toilet Facilities are required to be within 200 feet of each food vendor.**

Identify the location of all toilet facilities and handwashing stations on the site plan to verify compliance.

**Lighting and Electrical**

Will the event be held during night time hours:

YES  NO

Are electrical connections available for Mobile Food Facility use:

YES  NO

**Approvals**

*Additional local city/county permits and approvals may be required. Consult with other regulatory departments including but not limited to zoning, fire department and business licensing.*

## Swap-Meet Organizer Health Permit Application

### Site-map/plan

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Site plans must provide the general layout of the event and identify the proposed location of the following:

- All food booths
- All handwashing stations
- All potable water supply faucets
- The toilet and handwashing facilities (note the quantity at each location/showing distances between food vendors)
- All refuse containers and central refuse collection site
- Wastewater disposal facilities
- Provide the location of the Organizer Office (if applicable)

Draw on the space provided below or attach a separate plan. Indicate **North** direction represented by an arrow.



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## Sample of Site-map/plan

